



**MEDICAL EVALUATORS
OF TEXAS** ASO, L.L.C.

1225 North Loop West • Suite 1055 • Houston, TX 77008
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: 10/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural steroid injection L3-4

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a board certified Orthopaedic Surgeon currently licensed and practicing in the State of Texas.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Type of Document Received	Date(s) of Record
An office note from	02/07/2009
An office note from	02/16/2009
MRI of the lumbar spine	08/12/2009
A DD exam	09/08/2009
A post DD RME	10/26/2009
A follow up note	02/03/2010
X-ray of the lumbar spine	02/16/2010
A DD exam	02/25/2010
A follow up note	03/03/2010
A follow up note	03/31/2010
A peer review	04/22/2010
A follow up note	04/28/2010
An orthopedic consultation	06/07/2010
An adverse determination notice from	06/29/2010



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MRI of the left knee	07/08/2010
X-ray of the left knee	07/15/2010
A followup orthopedic	07/15/2010
A letter from Office of Injured Employee Counsel	07/24/2010
An adverse determination notice from	07/29/2010
A followup orthopedic	08/16/2010
A followup orthopedic	08/24/2010
An adverse determination notice from	08/31/2010
An adverse determination after reconsideration notice from	09/21/2010
A followup orthopedic	10/05/2010
An IRO	10/16/2010
A letter from MD	10/22/2010
A letter from to Hearing officer	11/03/2010
An analysis letter	11/11/2010
A followup orthopedic	11/11/2010
A followup orthopedic	11/16/2010
A DD exam	11/17/2010
A followup orthopedic	12/09/2010
Re-read MRI of the lumbar spine	12/13/2010
An authorization notice	12/29/2010
A followup orthopedic	01/27/2011
MRI of the lumbar spine	02/01/2011
An operative report for left knee surgery	03/09/2011
A followup orthopedic	03/15/2011
A followup orthopedic	04/12/2011
A letter from Office of Injured Employee Counsel	04/27/2011
A followup orthopedic	05/09/2011
A followup orthopedic	05/17/2011
A followup orthopedic	05/23/2011
An adverse determination notice	05/26/2011
An adverse determination after reconsideration notice	06/08/2011
An IRO	06/28/2011
A letter from MD	06/30/2011
A followup orthopedic	06/30/2011
A letter from to Hearing officer	07/08/2011
A followup orthopedic	08/09/2011



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MR arthrogram left knee	08/15/2011
An order on request to dismiss medical dispute from Texas Department of Insurance	08/25/2011
A followup orthopedic	09/12/2011
An authorization notice	09/22/2011
A request for an alternative certification	09/24/2011
A followup orthopedic	01/25/2012
A DWC-69	01/25/2012
An order for DD Exam from Texas Department of Insurance	03/20/2012
A followup orthopedic	03/26/2012
A followup orthopedic	03/25/2012
A DD evaluation by DO	06/01/2012
An adverse determination notice	06/12/2012
An adverse determination notice	06/28/2012
An adverse determination after reconsideration notice	07/24/2012
A followup orthopedic	08/07/2012
A withdrawal notice	08/13/2012
An adverse determination notice	08/16/2012
An IRO	08/07/2012
A letter of clarification by MD	08/21/2012
A followup orthopedic	08/24/2012
An adverse determination after reconsideration notice	09/12/2012
A request for an IRO for denied services of "lumbar epidural steroid injection L3-4"	09/21/2012

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a female who sustained injury to her lower back and left knee when she fell. She was initially evaluated and was treated with physical therapy. She then had MRI of the lumbar spine and had DD evaluation by Dr. who placed her not at MMI and recommended light duty work. Subsequently, she had post DD RME MD who also stated she is not at MMI and recommended repeat MRI focusing on L3-4. In February 2010, she followed up with Dr. and recommended chronic pain management program. On 02/25/2012, she had a second DD evaluation done by Dr. who placed her at MMI as of 08/31/2009 and assigned 0% IR. On 04/22/2010, she had peer review done by Dr who stated the continued treatment is inappropriate and that there is no evidence of radiculopathy or



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valid neurologic deficits. She then was seen by an orthopedic, Dr. who recommended CT myelogram of her lumbar spine and left knee MRI. She was again followed up by Dr. and was recommended lumbar facet injection which was denied by the carrier as well as continued recommendation of CT myelogram. She then had MRI of the left knee that showed degenerative change in the posterior horn of the medial meniscus. She then had arthroscopic left knee surgery. Subsequently, she had DD examination on 11/17/2010 by MD who stated the extent of lumbar spine injury is soft tissue injury without evidence of lumbar radiculitis and in regards to her left knee he stated there is no evidence of an internal derangement and recommended interpretation of the knee MRI. On 12/09/2010, Dr. recommended arthroscopy of left knee to address the lateral meniscus tear and lumbar facet injection at L3-4 which was denied. Since then Dr. saw her several times and recommended medial branch block at L3-4, which was also denied. On 06/01/2012 she had another DD exam performed by Dr. and was placed at statutory MMI as of 02/28/2011 and assigned 10% IR. She was last seen by Dr. on 08/24/2012 at which time, he recommended lumbar ESI at L3-4.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Axial lower back pain has several choices as the pain generator(s). Consider the disc, a nerve, one or more facet joints, the sacroiliac joint(s) to name a few. To provide rational treatment, the doctor has to identify the pain generator. ESI goes to the nerve. Medial branch block and facet black goes to the facet. Discography or a Marcaine challenge goes to the disc. All of these need to be approved and done.

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

- (1) Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.
- (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
- (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.
- (4) Diagnostic Phase: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was



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possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.

(5) No more than two nerve root levels should be injected using transforaminal blocks.

(6) No more than one interlaminar level should be injected at one session.

(7) Therapeutic phase: If after the initial block/blocks are given (see “Diagnostic Phase” above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the “therapeutic phase.” Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)

(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.

(9) Current research does not support a routine use of a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.

(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)



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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER
CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE
A DESCRIPTION)